



(1) Please fill in the section to the right.

(2) **LEAVE THIS FORM** and your document with **MARK PETERSON**, Public Relations Director, for approval.

Approved

Date

Document/Project Name:

Client:

Section:

Phone:

Date Submitted:

Date Needed:

ALLOW 2 WEEKS TURN AROUND



FOR EDITOR. Please note: projects may take several days to complete. Emily is in the building on Monday and Thursday only, telecommutes on Tuesday and Wednesday, and does not work Friday.



FOR GRAPHICS. SEE BELOW. Please supply text used for a graphics project to the editor first. Email or submit on disk the finalized text to Graphics.

QUALITY ASSURANCE FORM

▼ EDITOR'S SECTION (For Editor's Use Only)	▼ GRAPHICS:
1st PROOFING: PLEASE NOTE: The following elements are missing and required for your document: <input type="checkbox"/> COVER/TITLE PAGE showing USOE or USOR address, logo, and the Superintendent's or USOR Director's name <input type="checkbox"/> STATE BOARD OF EDUCATION page <input type="checkbox"/> TABLE OF CONTENTS <input type="checkbox"/> FOREWORD explaining the purpose of the document <input type="checkbox"/> Please make the changes indicated on your document. <input type="checkbox"/> Other:	Please explain what you want Graphics to do:
PROOFING(S): 	
Comments:	

STEP 3: SIGNATURES REQUIRED FOR PRINTING

Editor/Final Proofing:	Date:	Graphics:	Date:
Section Coordinator:	Date:	Associate Superintendent(or designee):	Date:
USOR Executive Director:	Date:	This document has been approved for Printing/Kelli Peterson:	

JOB NUMBER